



**Corporate Office**  
1005 N. Franklin St.  
Wilmington, DE 19806  
(302) 575-0283  
Fax (302) 575-9955  
www.inglesidehomes.org

**Ingleside Retirement  
Apartments**  
1005 N. Franklin St.  
Wilmington, DE 19806  
(302) 575-0250  
TTY (302) 575-0259  
Fax (302) 575-0543

**Ingleside Assisted  
Living**  
1605 N. Broom St.  
Wilmington, DE 19806  
(302) 984-0950  
Fax (302) 984-0955

**Ingleside Home  
Healthcare**  
1005 N. Franklin St.  
Wilmington, DE 19806  
(302) 575-0250 x2215

**Ingleside Senior  
Services**  
1005 N. Franklin St.  
Wilmington, DE 19806  
(302) 888-2273  
Fax (302) 575-9955

**Downs Cultural  
Center**  
1005 N. Franklin St.  
Wilmington, DE 19806  
(302) 575-0250 x2244

September 16, 2020

Mr. Robert Smith  
DLTCRP  
3 Mill Road, Suite 308  
Wilmington, DE 19806

Dear Mr. Smith,

Please find enclosed the Plan of Correction for the compliant survey conducted at Ingleside Assisted Living which ended on August 21, 2020.

Please feel free to contact me if you have any further questions.

Sincerely,

*Keith L. Ropka LNHA  
Executive Director  
Ingleside Assisted Living  
1605 North Broom Street  
Wilmington, DE 19806  
Phone (302) 984-0950  
Fax (302) 984-0955*



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care  
Residents Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT**

Page 1 of 7

**NAME OF FACILITY:** Ingleside Assisted Living

**DATE SURVEY COMPLETED:** August 21, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>An unannounced complaint survey was conducted by the State of Delaware Division of Health Care Quality, Office of Long Term Care Residents Protection from August 19, 2020 through August 21, 2020. The facility was found to be out of compliance with the Title 16 Health and Safety Delaware Administrative Code, 3225 Assisted Living Facilities regulations, and the Governor's Eleventh and Twelfth Modifications of the Declaration of a State of Emergency for the State of Delaware due to a Public Health Threat (COVID-19). The facility census on the first day of the facility was fifty-five (55). The sample size was seven (7).</p> <p><b>Title 16 Health and Safety Delaware Administrative Code</b></p> <p><b>3225.0 Regulations for Assisted Living Facilities</b></p> <p><b>9.0 Infection Control</b></p> <p><b>9.1 The assisted living facility shall establish written procedures to be followed in the event that a resident with a communicable disease is admitted or an episode of communicable disease occurs. It is the responsibility of the assisted living facility to see that:</b></p> <p><b>9.1.1 The necessary precautions stated in the written procedures are followed; and</b></p> <p><b>9.1.2 All rules of the Delaware Division of Public Health are followed so there is minimal danger of transmission to staff and residents.</b></p> <p><b>4/15/2020 – The Governor's Eleventh Modification of the Declaration of a State of Emergency for the State of Delaware due to a Public Health Threat stated, "... A. PUBLIC HEALTH ...</b></p>	<p>9.1.1</p> <p>9.1.2</p> <p>A. Unable to retroactively correct for R5 &amp; R7.</p> <p>B. All facility residents have the potential to be impacted by this deficient practice.</p> <p>C. DON updated policy COVID-19 Admission Policy to include criteria that a new admission shall be placed in a private room for 14 days to observe for s/s of potential infection with COVID. After 14 days, resident shall be moved to his/her living area.</p> <p>The DON is responsible for the admission process and all admissions shall be placed in single occupancy room x 14 days effective immediately.</p> <p>D. Executive Director (ED) shall monitor the admission procedure for compliance with 14 day placement.</p> <p><u>Sample:</u> New admissions to facility.</p> <p><u>Success:</u> All admissions shall be placed in a temporary single occupancy room x 14 days.</p> <p><u>Frequency:</u> Each new admission.</p> <p><u>Threshold:</u> 4 admissions in a row.</p>	

Provider's Signature *Th. J. Rogoka* Title *Executive Dir* Date *09-16-2020*



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care  
Residents Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT**

Page 2 of 7

**NAME OF FACILITY:** Ingleside Assisted Living

**DATE SURVEY COMPLETED:** August 21, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p><b>4. Nursing facilities, assisted living facilities, ... licensed under Title 16, Chapter 11 shall immediately ensure that they are in full compliance with Public Health Authority guidance related to COVID-19. Such facilities shall check Division of Public Health guidance daily to ensure that the facilities are complying with the most current guidance and shall adjust their policies, procedures, and protocols accordingly.</b></p> <p><b>5. All ... assisted living facilities, ... shall immediately implement, to the best of their ability, the following personnel practices: ... b. Designate a room, unit, or floor of the facility as a separate observation area where newly admitted and readmitted residents are kept for 14 days on contact and droplet precautions while being observed every shift for signs and symptoms of COVID-19 ...".</b></p> <p><b>4/23/2020 – The Governor's Twelfth Modification of the Declaration of a State of Emergency for the State of Delaware due to a Public Health Threat (COVID-19) stated, "... B. MISCELLANEOUS ...</b></p> <p><b>3. The Eleventh Modification of the COVID-19 State of Emergency declaration, dated, April 15, 2020, Paragraph A.5.b., is stricken and replaced with the following: 'Designate a room, unit, or floor of the facility as a separate observation area where newly admitted and readmitted residents not known to be infected with COVID-19 are kept for 14 days on appropriate infection precautions per guidance from the Public Health Authority while being observed every shift for signs and symptoms of COVID-19.' ...".</b></p> <p><b>This requirement was not met as evidenced by:</b></p>	<p><u>Reporting:</u> Results of ED monitor shall be reported to the quarterly QM committee. QM committee shall identify any additional corrective action needed due to inability to meet success threshold.</p> <p>19.5.4</p> <p>A. Unable to retroactively correct for R2.</p> <p>B. All facility residents have the potential to be effect by this deficient practice.</p> <p>C. All facility leadership will be in-serviced on proper use and processing of incident reports by September 30, 2020</p> <p>All newly hired leadership shall have the proper use &amp; processing of incident reports within 14 days of hire date.</p> <p>D. All licensed nursing staff &amp; CNAs shall be in-service by the DON on the proper use and processing of incident reports by September 30, 2020</p> <p>E. DON shall utilize the 24 hour report to identify any patient or facility information that necessitate the initiation of an incident report. DON will then verify</p>	

Provider's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care  
Residents Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT**

Page 3 of 7

**NAME OF FACILITY:** Ingleside Assisted Living

**DATE SURVEY COMPLETED:** August 21, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>Based on observations, interviews and review of facility documentation and other sources as indicated, it was determined that the facility failed to ensure that their COVID-19 Admission Policy complied with the Public Health Authority's guidance in accordance with the Governor's Eleventh/Twelfth Modifications of the State of Emergency; and failed to ensure that two (2) newly admitted residents were placed in a separate observation area for 14 days on appropriate infection precautions per guidance from the Public Health Authority. Findings include:</p> <p>Undated – The facility's COVID-19 Admission Policy and Procedure 1.07 stated, "... 3. Resident must quarantine a minimum of 14 days prior to admission and prove a negative test 48 hours prior to admission to the facility. 4. Resident will be evaluated upon admission out-side the facility by DON or Charge Nurse for any change of condition or signs and symptoms of COVID. If any changes, resident will be isolated in their room for 14 days and will be monitored every shift for fever and have pulse ox taken. Doctor will be notified of any signs or symptoms of COVID. 5. Resident receives rapid COVID finger stick upon admission and it is documented in the chart..."</p> <p>8/18/2020 – According to the clinical record, R6 was admitted to the facility and was placed in a shared room with R7.</p> <p>8/20/2020 – According to the clinical record, R4 was admitted to the facility and was placed in a shared room with R5.</p>	<p>that the incident report was completed. <u>Sample:</u> All 24-hour reports and corresponding incident reports and investigations. <u>Success:</u> All incidents have a completed incident report with appropriate documentation. <u>Frequency:</u> Daily <u>Threshold:</u> 10 consecutive incidents in a row. <u>Reporting:</u> Audit results will be reported to the quarterly QM committee. QM committee shall identify any additional corrective action needed due to inability to meet success threshold.</p> <p>19.1.1.1</p> <p>A. Unable to retroactively correct deficiency for R1.</p> <p>B. All facility residents have the potential to be impacted by this deficient practice.</p> <p>C. The DON &amp; ED shall review the requirements for the proper use and processing of incident reports, including State Reporting (abuse, neglect, mistreatment, serious injuries &amp; falls) requirements by September 30, 2020</p> <p>D. ED shall audit incident reports for evidence of State Reporting when required.</p>	

Provider's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care  
Residents Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT**

Page 4 of 7

**NAME OF FACILITY:** Ingleside Assisted Living

**DATE SURVEY COMPLETED:** August 21, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>8/21/2020 between 9 AM to 10 AM – Observations revealed that the two newly admitted residents, R4 and R6, were directly admitted to rooms with current residents. In addition, there was no evidence of any infection precautions located outside of R4 and R6's rooms.</p> <p>8/21/2020 at 10:10 AM – During an interview, E3 (CNA) confirmed that around three days ago, R6 was admitted to the same room where R7 resided.</p> <p>8/21/2020 at 10:35 AM – During an interview E7 (LPN) confirmed that R4 was admitted to the same room where R5 resided.</p> <p>8/21/2020 at 11:20 AM – Findings were reviewed with E1 (ED) and E2 (DON). The facility failed to ensure their COVID-19 admission policy complied with the Public Health Authority's guidance on new admissions; and failed to ensure that two newly admitted residents were placed in a separate observation area for 14 days on appropriate infection precautions.</p>	<p><u>Sample:</u> All incident reports</p> <p><u>Success:</u> Evidence of having reported to State any incident requiring mandatory reporting.</p> <p><u>Frequency:</u> weekly</p> <p><u>Threshold:</u> 4 appropriately reported incidents to State in a row.</p> <p><u>Reporting:</u> Audit results will be reported to the quarterly QM committee. QM committee shall identify any additional corrective active needed due to inability to meet success threshold.</p>	
<b>19.0</b>	<b>Records and Reports</b>		
<b>19.5</b>	<b>Incident reports, with adequate documentation, shall be completed for each incident. Records of incident reports shall be retained in facility files for the following:</b>		
<b>19.5.4</b>	<p><b>Injuries of unknown source.</b></p> <p><b>This requirement was not met as evidenced by:</b></p> <p>Based on observation, interviews and review of facility documentation, it was determined that</p>		

Provider's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care  
Residents Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT**

Page 5 of 7

**NAME OF FACILITY:** Ingleside Assisted Living

**DATE SURVEY COMPLETED:** August 21, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
19.6	<p>for one (R2) out of three (3) residents reviewed, the facility failed to ensure that an incident report, with adequate documentation, was completed for R2's injury of unknown source. Findings include:</p> <p>2/15/2018 – R2 was admitted to the facility with a diagnosis of dementia.</p> <p>2/2020 – The annual Uniform Assessment Instrument (UAI) stated that R2 was confused, oriented to person only, and had short-term/long-term memory problems.</p> <p>8/19/2020 at 5:45 PM – Observation of R2's left forehead revealed a healing bruise (yellow color) with the approximate size of a nickel.</p> <p>8/19/2020 at 5:50 PM – During an interview, E4 (LPN) was asked about R2's left forehead bruise. E4 observed R2 and confirmed that R2 did not have that bruise when E4 last worked on the prior Wednesday. E4 stated that R2 bumps into things and falls because of her confusion.</p> <p>8/20/2020 - Review of R2's clinical record and the facility's incident reports lacked documented evidence of how and when R2 sustained a left forehead bruise.</p> <p>8/21/2020 at 1:15 PM – Finding was reviewed with E1 (ED) and E2 (DON). The facility failed to complete an incident report for an injury of unknown cause, specifically R2's left forehead bruise.</p> <p><b>Reportable incidents shall be reported immediately, which shall be within 8 hours of the occurrence of the incident, to the Division. The</b></p>		

Provider's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care  
Residents Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT**

Page 6 of 7

**NAME OF FACILITY:** Ingleside Assisted Living

**DATE SURVEY COMPLETED:** August 21, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
19.7	method of reporting shall be as directed by the Division.  Reportable incidents include:		
19.7.1	Abuse as defined in 16 Del.C. §1131.		
19.7.1.1	Physical abuse.		
19.7.1.1.1	Staff to resident with or without injury.  This requirement was not met as evidenced by:  Based on interviews and review of facility documentation and other sources as indicated, it was determined that the facility failed to report an allegation of physical abuse to the State Agency with-in 8 hours. Findings include:  7/2019 (Revised) – The facility's Abuse & Neglect Policy and Procedure stated, "... Procedure: ... 7. The Executive Director: Determines the type of incident; ... Insures notification of ... state and regulatory/licensing agency ...".  8/14/2020 at 6:43 PM – According to the State Agency's Incident Report system, the facility reported the allegation of abuse involving R1 and E5 (CNA) through the website. The facility reported that E6 (RA) informed the facility management on 8/13/2020 that R1 was hit by E5 (CNA). Despite the knowledge of the abuse allegation on 8/13/2020, the facility failed to notify the State Agency within 8 hours, instead they reported the allegation on 8/14/2020 at 6:43 PM.  8/21/2020 at 1:15 PM – Finding was reviewed with E1 (ED) and E2 (DON). The facility failed to		

Provider's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care  
Residents Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT**

Page 7 of 7

**NAME OF FACILITY:** Ingleside Assisted Living

**DATE SURVEY COMPLETED:** August 21, 2020

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	report an allegation of abuse within 8 hours to the State Agency.		

Provider's Signature H. J. Kopka Title Executive Dir. Date 09-16-2020



## **POLICY: COVID- 19 Admission Procedure 1.06**

### **COVID 19 Admission Policy**

#### **Policy:**

To ensure the safety and wellbeing of all individuals residing in Ingleside Assisted Living. New Residents wanting residency within the building will abide by the following procedure.

#### **Procedure:**

1. All new potential Residents will be assessed by the DON prior to acceptance to the facility. A full head to toe assessment will be completed along with evaluation of any signs and symptoms of COVID 19.
2. Resident will agree to COVID 19 screening prior to admission.
3. Resident must prove a negative test 48 hours prior to admission to the facility.
4. Resident will be evaluated upon admission outside the facility by DON or Charge Nurse for any change of condition or signs and symptoms of COVID.
5. Resident receives rapid COVID finger stick upon admission and it is documented in the chart.
6. All residents moving into a semi-private room will be isolated into a "covid" designated room for 14 days while being monitored for any signs or symptoms of COVID-19 i.e. fever and pulse ox each shift and a doctor will be notified of any changes. Upon completion of the 14 days; if symptom free; resident will be transferred to their assigned semi-private shared room.
7. All residents moving into a private room will be isolated in their room for 14 days while being monitored for any signs or symptoms of COVID-19 i.e. fever and pulse ox each shift and a doctor will be notified of any changes.